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East Elloe Rural District Council



ANNUAL REPORT

FOR THE YEAR 1937

J. H. F. PANKHURST, M.D., D.P.H.

Medical Officer of Health

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To the Chairman and Members of the East Elloe Rural District Council.

Gentlemen,

I have pleasure in presenting to you my report on the health and sanitary circumstances of the district for the year 1937.

The report is not intended as a full survey of public health activities within the area but as a record of the developments and routine work carried out during the year.

There is a tendency on the part of some people to belittle the importance of the work which a rural district council, such as your own, is capable of doing to improve the state of the public health. Occasionally even those whose outlook on social affairs is progressive ask whether the effort and cost of improvements are justified by results or, indeed, whether the existing state of affairs needs any alteration. By comparison with larger areas the public health needs of a small community may appear insignificant. But the trend of public health work in recent years has been to focus almost an equal amount of attention on the health and happiness of the individual as of the community as a whole. It is here that the work of a small Council ranks equally with that of the large. There is no substantial reason why the countryman should not have an equal standard of environmental comfort to the townsman. It is in this particular sphere that the energies of rural councils are of such great importance, a fact recognised by the Central Government, for example in the increased financial assistance given to rural housing schemes.

The record of infectious diseases in the district during the last quarter of a century, when considered alone, hardly justifies elaborate schemes of sewage or refuse disposal. Improvements in these services are necessary in order to improve the standard of environmental hygiene within the district and because departures from accepted standards of sanitation entail the running of risks to the population which may at any time place those who allow them to be perpetuated in a position of great responsibility.

The most satisfactory feature of the year's work has been the setting up of a Public Health Committee in conjunction with the already existing Housing Committee. Since the greater part of the Public Health programme is now concerned with the eradication from the district of unfit houses and the replacement of the tenants in new estates, the combination of duties is proving most effective. While most of the individual housing schemes are as yet incomplete owing to the difficulty of obtaining suitable sites, there is evidence that the next three years will see almost the whole of the population properly housed. Of all the factors in environmental hygiene good housing is the most important and the one most likely to reduce the need for other public health schemes. It is true preventive medicine and not mere patching.

While the housing programme may appear disproportionately large, it is to be remembered that had the majority of owners of

cottage property in the past done a regular and fair share of re-conditioning the need for so much effort at the present time would not have arisen. The same is true of most other public health schemes which are under consideration. Had a small but progressive addition been made annually in previous years to the sanitary services, the Council would not now be faced with the task of compressing the work of many years into one or two.

The health of the district has, on the whole, been satisfactory during the year but an outbreak of diphtheria at Sutton Bridge and isolated cases of typhoid fever elsewhere have served as a reminder of the potential danger to the community which these diseases constitute. The immunity to serious infectious diseases which the district has enjoyed in the past may certainly indicate the possibility of similar immunity in the future, but it does not guarantee it. In previous reports I have endeavoured to show that as the countryside becomes more urbanised the characters which prevented spread of infectious diseases in the past are lost. Improved transport facilities, compact housing estates and a mains water supply demand that the health services should be organised largely on an urban basis. To pretend that conditions of life in a rural district can be approached to-day in the same way as thirty or forty years ago is merely to create an illusion.

The benefits to the community of improved health services are but rarely measurable in pounds, shillings and pence. It does happen occasionally that a scheme can bear investigation from a financial standpoint. For example, the cost of upkeep of one child with diphtheria in Isolation Hospital is about equal to the cost of giving protective injections to seventy or eighty children, a clear case of prevention being better than cure. But the value of most schemes cannot be assessed immediately. They must be looked at in the same way as a long term insurance policy. To illustrate this point there is included in this report a comparison of some vital statistics of some sixty years ago with those of to-day. Here, in tangible form, can be seen the steady increase in the expectation of life at various ages which has occurred during the interval of years. While public health services proper form only a part of the larger social services which have brought about this increase there is convincing testimony to their ultimate benefit to the community.

For the figures given in this summary (pages 7, 8 & 9) I am indebted to Mr. W. B. Hitchings who has also prepared most of the statistical material in this report.

Finally I wish to express my thanks to the members of the Public Health Committee for their co-operation, to the Sanitary Inspectors for the excellent work done during the year and to other Officers of the Council for their help in problems which concern more than one department.

I am, Gentlemen,

Your obedient Servant,

J. H. F. PANKHURST,

Medical Officer of Health.

East Elloe Rural District Council

Public Health and Housing Committee

Chairman—

Councillor H. W. FARROW, J.P.

Members—

Alderman A. E. BANKS, J.P.
Councillor F. BAXTER
Councillor R. G. BARWELL
Councillor R. BEBA
Councillor J. J. BEMROSE
Councillor F. BOWD, J.P.
Councillor The REV. C. V. BROWNE-WILKINSON
Councillor G. H. CAMPLING
Councillor G. CAMPLING
Councillor J. DICKINSON
Councillor H. GROUND
Councillor W. KNOTT
Councillor A. G. LENTON
Councillor C. I. PATCHETT
Councillor A. WELLS

Staff of the Health Department.

Medical Officer of Health—

J. H. F. PANKHURST, M.D., B.S., B.Hy., D.P.H.

Sanitary Inspectors—

R. H. GREGORY, M.S.I.A.

W. B. HITCHINGS, B.Sc., A.R.San.I.

Meat Inspectors—

J. BEEKEN and G. HALL

Statistics and Social Conditions of the Area.

Area in Acres—85,650.

Estimated Population—Mid-year 1937 : 22,460.

Census 1931 : 21,948.

Number of inhabited houses (end of 1937)—6,085.

Rateable Value (31/3/38)—£62,570

Estimated Penny Rate (31/3/38)—£266 0s. 0d.

Extracts from Vital Statistics.

		Total	M.	F.	
Live Births	Legitimate..	393	219	174	} Birth rate per 1,000 of the estimated resident population—18.03
	Illegitimate...	12	8	4	
Total Live Births ...		405	227	178	
Still Births	Legitimate...	12	6	6	} Rate per 1,000 Total (live and still) births— 28.78
	Illegitimate ..	0	0	0	
Total Stillbirths ...		12	6	6	
Deaths	...	244	135	109	} Death rate per 1,000 of the estimated resident population—10.86

The death rate given above is the “crude death rate,” that is, the number of deaths of East Elloe residents per 1,000 of the population. For the purpose of comparison with other districts, this crude rate is adjusted, as it does not take into account the type of population, *e.g.* whether composed mainly of old or young persons or containing other than normal proportions of males and females. The adjusting factor allocated to East Elloe by the Registrar-General, known as the “comparability factor,” is 0.93, and when the crude death rate is multiplied by this factor, the adjusted death rate for East Elloe is 10.1

Deaths from puerperal causes :

	Deaths.	Rate per 1,000 total (live and still) births
Puerperal sepsis ...	Nil	00.000
Other puerperal causes	1	2.4
Total	1	2.4

Number of Deaths of Infants under one year of age :

		M.	F.	Total
Number of Deaths	Legitimate	12	7	19
	Illegitimate	1	1	2
Total ...		13	8	21

Death rate of Infants under one year of age :

All infants per 1,000 live births	...	51.85
Legitimate infants per 1,000 legitimate live births		48.35
Illegitimate infants per 1,000 illegitimate	„ ...	166.67

	M.	F.	Total
Deaths from Cancer (all ages)	19	17	36
„ „ Measles (all ages)	Nil	2	2
„ „ Whooping Cough (all ages)	1	1	2
„ „ Diarrhoea (under 2 years)	Nil	1	1

Comments on Vital Statistics.

The birth rate of 18.03 per 1,000 estimated population is higher than the average for England and Wales of 14.9. It is also higher than last year's birth rate for East Elloe which was 17.34. The adjusted death rate for East Elloe of 10.1 is well below the death rate for England and Wales of 12.4. It is, however, a little above the adjusted death rate for last year of East Elloe which was 9.78. The death rate for children under one year of age (51.85) is well below the average for England and Wales (58), and it compares with last year's figure for East Elloe of 51.41.

Total Deaths in East Elloe during 1937.

<i>Causes of Death.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
All causes	135	109	244
Influenza	4	2	6
Respiratory Tuberculosis	7	4	11
Other Tuberculosis	1	—	1
Encephalitis lethargica	1	—	1
Cancer	19	17	36
Diabetes	3	6	9
Cerebral Hæmorrhage	10	7	17
Heart Disease	20	17	37
Other circulatory disease	5	5	10
Aneurysm	—	1	1
Bronchitis	11	7	18
Pneumonia (all forms)	7	4	11
Other respiratory diseases	1	—	1
Diarrohoea under two years	—	1	1
Appendicitis	2	—	2
Peptic Ulcers	2	—	2
Other digestive diseases	1	2	3
Acute and Chronic Nephritis	2	2	4
Other puerperal disease (other than puerperal sepsis)	—	1	1
Congenital causes, etc.	7	3	10
Measles	—	2	2
Typhoid Fever	1	—	1
Whooping Cough	1	1	2
Diphtheria	—	1	1
G.P.I., etc.	1	1	2
Senility	5	12	17
Suicide	5	—	5
Other violence	9	3	12
Other defined causes	10	8	18
Ill defined causes	—	2	2
	<hr/>	<hr/>	<hr/>
Totals ...	135	109	244
	<hr/>	<hr/>	<hr/>

Age Analysis of Deaths in East Elloe.

Age Group.	M.	F.	Total.	Remarks.
-1 year	13	8	21	
1-5 years	6	2	8	
6-15	3	5	8	
16-25	9	5	14	
26-35	8	5	13	
36-45	6	6	12	
46-55	6	6	12	
56-60	12	4	16	Note male deaths begin to increase at about 60
61-65	15	7	22	
66-70	15	15	30	Note female deaths begin to increase at about 65
71-75	13	10	23	
76-80	15	12	27	
81-85	7	13	20	Note male deaths begin to decrease after 80
86-90	6	6	12	
91-95	—	2	2	Note female deaths begin to decrease after 85
96-100	1	3	4	
Total	135	109	244	

A Comparison with 60 years ago.

In the following columns is given a comparison between the expectation of life of a group of a thousand people sixty years ago and a similar group to which the age mortality statistics for East Elloe for the year 1937 have been applied. While the latter may not give an entirely true picture, owing to the limited figures available, they show in no uncertain way the changes which have occurred with improved environmental hygiene.

ABOUT 60 YARS AGO.

1937 (EAST ELLOE.)

0—5 years :

Out of every 1,000 children born 149 succumbed on the average before the first year of life had been reached. By the age of 5, as many as 263 had fallen. The number varied largely according to the locality ; in the so-called healthy districts the number who died in the first five years was about 175, but in Liverpool where the sanitary conditions were most unfavourable, 460 little ones died before they reached the age of 5.

The number of children of up to one year of age (per 1,000 deaths of the population) who died would be about 86, just about half of 60 years ago. The number of children up to 5 years who succumbed would be 120, a very different figure to 263. The infant mortality rate to-day is about 52 (per 1,000 births) for East Elloe.

5—10 years :

Returning to the 737 survivors, we find that the total deaths in the next five years were 35; about one quarter of these were due to Scarlet Fever.

Instead of 737 survivors we would have about 881 to march on and in the next five years there would be approximately 25 deaths, just about two-thirds of the figure for 60 years ago. No deaths from Scarlet Fever last year.

10—15 years :

From 10—15 years deaths were fewer, namely 18.

As opposed to this figure of 18 which was the lowest of any period, the number of deaths would be about 8, less than half.

15—35 years :

After the age of puberty the mortality began to increase, especially among women, and consumption claimed a considerable share of the death roll. Indeed, between the ages of 20-25, nearly one half of the number that died succumbed to this disorder. At 25 years of age the number had been reduced from the original 1,000 to 634 and a further 62 died before the age of 35 was reached. Consumption claimed 27 of the 62.

Instead of 634 we would find we had 790 left at the age of 25 years. During the period of 25-35 years about 54 would fall by the way. We would find that out of every 1,000 born, about 790 would reach the age of 25 and 737 the age of 35.

35—55 years :

Between the ages of 35 and 45 the 572 survivors were reduced by 62 and now we come to the middle arch of life where the ranks were thinned of one-half their number : a few months after the age of 45 is reached the 1,000 lives were reduced to 500 and at 55 to 421.

Between the ages of 35—45 the 737 survivors would be reduced by 49 and between the ages of 63 and 64 the ranks are reduced to 500.

55—75 years :

From the age of 55 onwards the numbers thinned with increasing rapidity and of the 421 who entered this stage of life but 309 reached the age of 65 and 161 the age of 75. Diseases of the lungs destroyed the largest numbers of lives.

From the age of 60 onwards in the case of males, and 65 in the case of females, the death rate begins to increase. Of the 638 who would reach the age of 55, 481 would reach the age of 65 as compared with 309 in the "good old days" and 268 would reach the age of 75 as compared with 161.

75—100 years.

Of the few remaining, only 38 of the 1,000 reached the age of 85. At the age of 95 but two survived out of the 1,000, while only one out of every 4,000 born reached the age of 100.

Of the remaining individuals, 74 reach the age of 85, more than double that in the past. At the age of 95 there would be 16 left and 4 would survive to the 100.

Social Conditions.

There have been no major alterations in social conditions during the year. Agricultural occupations continue to absorb the bulk of the employable population, both male and female, according to season. Unemployment continues at about the same level as hitherto during the winter, while in the summer the demand for labour cannot be met except by importation from other districts. In my last report I mentioned the desirability of adequate standards of sanitation for the dwellings in which these temporary workers are housed, and pointed out the difficulties of supervision in the absence of proper regulations or bye-laws. When this matter was discussed, the Council decided not to make bye-laws, but to seek the co-operation of employers by means of a Press notice, asking them to notify the importation of labour. As only one reply was received it is very desirable that this important question should be reviewed, particularly as the Council has adopted a standard for ordinary camping sites. From a public health point of view it is illogical to legislate for one type of temporary dwelling and not for another.

One of the most interesting social problems in the area is the extent to which the seasonal employment of women affects either their own health or that of their children. It is a problem about which it is almost impossible to collect adequate information without a most searching survey. The impression of most observers is, I think, that there is an appreciable ill effect on the health and upbringing of infants and young children, but that during commencement of school life this is no longer so noticeable. Such harm as

may be done to the health of young children is not actually reflected in the infantile mortality rate which is below the national average ; but there is sufficient evidence to suggest that child welfare work, particularly of an educational nature, is of the greatest importance in the area. It is interesting to recall that when, some years ago, field work for women began to assume a position of some magnitude, it was not uncommon to give an infant child a drop or two of opium to keep it quiet while the mother was at work. According to a Press account of Holbeach in the mid nineteenth century opium eating was a regular practice of the agricultural labourer and was considered to improve the efficiency of the work. Against the disadvantages of field work for women must be set the positive gain from this type of occupation in the production of easier and safer childbirth. It is becoming increasingly certain that the more natural the life which women lead, the less risk there is in childbirth, and a recent medical publication has drawn attention to the advantage of landwork in this connection.

General Provision of Health Services for the Area.

A list of the Public Health Officers of the Authority is given at the beginning of the report. The Medical Officer of Health is also Deputy County M.O.H. to the Holland County Council.

Bacteriological work is carried out at the County Laboratory at Boston, to which all specimens from the area are sent.

An ambulance is available for cases of infectious disease. For ordinary medical, surgical and accident cases, transport is afforded by the Spalding Joint Ambulance Committee which consists of representatives of the Spalding Urban and Rural Authorities and the St. John Ambulance Brigade. East Elloe contributes to this Committee on a mileage basis for approved necessitous cases, but bears no share of the general expenses.

Home nursing is carried out by the various local Nursing Associations. The Local Authority employs no nurses of its own. The County Council provides centres for Tuberculosis and Maternity and Child Welfare work at Holbeach and Long Sutton. These services will be extended to an additional centre at Sutton Bridge in the near future.

Cases of infectious disease are accommodated at Boston in the hospital of the County of Holland Joint Board to which the East Elloe R.D.C. is a contributory authority. The Isolation Hospital at Fleet is reserved for cases of smallpox.

Sanitary Circumstances of the Area.

Water.

Remarkable progress has been made in the provision of a pure water supply in East Elloe. It is only a little over six years since Holbeach, Long Sutton and Sutton Bridge first received a piped supply of water. Since then nearly 140 miles of main have been laid. Under the last extension scheme, which is now practically completed, approximately 67½ miles of main have been laid in the Fen and Marsh areas. Mains water is filling a tremendous need, for water supplies in East Elloe in the past were unsatisfactory, both in quality and quantity. The water is obtained from an artesian bore at Bourne, pumped to Spalding and then to the Weston Tower, where a series of electrically driven pumps effect distribution over the area. Two additional water towers are provided, one at Little Sutton (for the Sutton Bridge district), and another at Whaplode Drove (for the Fen area.) It is interesting to note how the consumption of water has increased. In 1936 the average daily consumption was approximately 100,000 gallons, and during 1937 the average daily consumption rose to about 145,000 gallons, an increase of 45%.

The mains water is subjected to chemical and bacteriological control, and the analyses show that it is of excellent quality. Typical analyses are given below:—

Chemical Analysis.

Total solids in solution	32.2	(Grains per gallon)
Ammonia { Free and Saline	nil	„ „
{ Albuminoid	0.0014	„ „
Chlorine in Chlorides	1.5	„ „
Nitrogen as Nitrates	nil	„ „
Nitrites	nil	„ „
Oxygen absorbed from Permanganate	0.026	„ „
Hardness { Total	22	degrees
{ Permanent	7.9	„
Physical Characters	Bright and Clear	

This water is of good organic quality, free from all trace of pollution, and suitable for drinking and all purposes of a public supply. It shows no material change since the last analysis.

Bacteriological Analysis.

Bacteria per ml. developing at		B. Coli per 100 ml.	Cl. Welchii & Streptococci
37oC	22oC		
Nil	Nil	Nil	Not isolated

This is a satisfactory supply.

Drainage and Sewerage.

The question of a sewerage scheme in the district is a very difficult one. The peculiar geographical circumstances and also the scattered nature of the population render the provision of a scheme for the whole district practically impossible. The execution of schemes in the three towns of Holbeach, Long Sutton and Sutton Bridge would be an expensive matter, but the difficulties would be in no way unsurmountable.

The domestic drainage systems are generally unsatisfactory. The only method of disposal of waste water is by means of cesspools and soakaways. Owing to the high level of the surface water in the district, these can only deal with a limited amount of waste water. Before the advent of a piped water supply, people had to rely on wells and cisterns for their water and the danger of scarcity made them conserve their water supplies as much as possible. As a result there was comparatively little waste water to dispose of. Now the mains water is available, the amount of waste water from each house has increased considerably. The only way in which this problem can be dealt with is by some form of sewerage scheme.

With regard to certain of the Council's existing and proposed building sites, I would suggest consideration of small sewage disposal plants. The cost of maintenance appears to compare favourably with the present costs involved in cleaning cesspools. The initial cost of such plants, particularly on new housing sites, would appear to be in the region of £10—£15 per house, and this would be covered by a very trifling increase in the rent.

Rivers and Streams.

No special measures were taken by the Local Authority to prevent pollution. The Catchment Boards of the Rivers Nene and Welland, in conjunction with the Fishery Board, take action where necessary.

Certain difficulty has been experienced during the year in connection with the discharge of effluent from a canning factory into a small dyke. The canning factory has so expanded in late years that the small treatment plant installed was totally inadequate to deal with the increased amount of effluent. An adequate modern plant is to be installed to deal with this effluent.

Closet Accommodation.

In practically all cases closet accommodation is of the vault or pail type. There are a few chemical closets in use and there are also a small number of water closets discharging to cesspools installed in various parts of the district.

There are public conveniences for men and women at Holbeach and Long Sutton. At Sutton Bridge there is a men's convenience but this is in a very unsatisfactory condition and needs reconstruction. There is urgent need also for a convenience for women at Sutton Bridge.

Public Cleansing.

While there has been no material change in the system of refuse collection and disposal, the possibility of a change to an up-to-date method has been discussed at length during the year. A sub-committee is at present in existence to examine the details and cost of a comprehensive collection service and controlled tipping method of disposal for the main urban areas.

Shops.

No action was taken during the year under the provision of the Shops Act, 1934, relating to ventilation and temperature of shops and to sanitary conveniences.

Smoke Abatement.

Observations were made in one case but no action was taken.

Swimming Baths and Pools.

There are no privately or publicly owned swimming pools in the district.

Eradication of Bed Bugs.

One house was found to be infested with bed bugs during the year and was treated successfully. The house was on a Council estate but there was no sign of involvement of adjoining property. The work was carried out by officers of the Local Authority. Different methods of disinfestation were applied. Insecticides were used, after stripping the woodwork, and these reduced the degree of infestation considerably, but success was ultimately obtained by the fumigation of the entire house with a proprietary compound of sulphur and other materials.

The belongings of tenants are not normally treated in any way before transfer to Council property. So far this has not been considered necessary as a certain discrimination is always applied in the selection of new tenants for Council houses. It is, however, a question which will have to be considered when the present slum clearance programme is completed and a large number of tenants is transferred to new Council houses.

Supervisory visits are paid to tenants who are not considered altogether satisfactory as regards cleanliness, etc.

Schools.

The usual routine arrangements as described in former reports have remained in force, whereby the Medical Officer of Health is notified by the head teachers of the occurrence of infectious disease and other special circumstances.

The Education Committee of the County Council is proceeding steadily with the policy of converting schools in the area to a mains water supply and conservancy system as quickly as circumstances will allow. The extensions undertaken by the East Elloe Water Committee have naturally played the main part in making these improvements possible. While the sanitary condition of many of the schools has improved considerably even in the last two or three years, yet it must be obvious that until some of the older schools are replaced by modern buildings it will be impossible to achieve any reasonable sanitary standard in them.

From a nutritional standpoint, those who are in the best position to judge are well satisfied with the improvement in the physique of those children who are taking the daily ration of milk provided under the National Milk in Schools Scheme through the County Council. Particularly is this to be seen in the case of the children who from economic or medical reasons are allowed the milk free of cost.

Sanitary Inspection of the Area.

Summary of the Visits made by the Sanitary Inspectors.

Water Supply	...	...	...	...	78
Drainage	...	...	...	...	125
Scavenging & Refuse		...	...	...	103
Stables, Piggeries, etc.		..	...	...	11
Milk & Dairies	...	...	...	...	44
Fried Fish Shops	...	...	...	...	7
Slaughter Houses, etc.		...	...	...	26
Common Lodging Houses, Tents, Vans & Sheds, etc.	...	...	...	..	10
Bakelhouses	...	...	...	...	25
Factories & Workshops		...	...	...	17
Public Conveniences		...	...	...	50
Verminous premises		...	...	...	24
Infectious disease, Fumigations, etc.	...		...	...	82
Smoke	...	...	...	...	2
Miscellaneous	...	...	...	...	50
Total ...					654

Factories, Workshops and Workplaces.

Inspection of Factories, Workshops and Workplaces.

Premises.	Number of Inspections	Number of Written Notices	Number of Occupiers prosecuted
Factories (including Factory Laundries)	6	2	Nil
Workshops (including Workshop Laundries)	36	Nil	Nil
Workplaces (other than Outworkers' premises)	Nil	Nil	Nil
Total ...	42	2	Nil

Defects found in Factories, Workshops and Workplaces.

PARTICULARS	NUMBER OF DEFECTS			Number of offences in respect of which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :				
Want of Cleanliness ...	2	1	—	—
Want of Ventilation ...	—	—	—	—
Overcrowding ...	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances ...	1	—	—	—
Sanitary accommodation :				
insufficient ...	1	—	—	—
unsuitable or defective ...	1	—	—	—
not separate for sexes ...	—	—	—	—
Offences under the Factory and Workshop Acts :				
Illegal occupation of underground bakehouse (s.101) ...	—	—	—	—
Other offences ... (excluding offences relating to outwork & offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers), Order, 1921).	—	—	—	—
Total ...	5	1	—	—

Outwork in Unwholesome Premises, Section 108.

Nature of Work	Instances	Notices served	Prosecutions
Stuffed Toys	1	nil	nil
Total ...	1	nil	nil

No action has been taken in respect of the house in which the manufacture of dolls was being carried out as the house is one that is scheduled for demolition.

Housing.

Many of the cottages in East Elloe are in a far from satisfactory condition. A scheme is now in progress whereby each parish or district in turn is being inspected. The local representatives are then invited to inspect those cottages, which are considered unfit, with the Medical Officer and Sanitary Inspectors. In this way the preparation of a comprehensive slum clearance scheme is expedited as there is little or no discussion on each batch of cottages which is recommended to the Council for inclusion.

Much had been hoped of the Rural Workers Acts, but the number of applications is not large, although one of the objects of the Act is to assist property owners whose cottages are in need of extensive repair. The Act in this area is administered by the Holland Council and any owners who require further information should communicate with the Clerk to the County Council who will forward application forms and particulars regarding the financial assistance that can be afforded.

Progress during the year with regard to the demolition of unfit property has been poor but much of the difficulty is due to the fact that land is very difficult to obtain for housing purposes. The Council has been unwilling to exercise compulsory powers but it would appear that compulsory purchase may have to be considered in order to carry out the whole of the Slum Clearance Scheme within a reasonable time.

Inspection of Dwelling-houses during the year.

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts	... ..	472
	(b)	Number of inspections made for the purpose		551
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925.	... ..	70
	(b)	Number of inspections made for the purpose		89
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	26
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	51

Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	53
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Action under Statutory Powers during the year.

(a) *Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs... ..	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices :	
(a) By owners	1
(b) By Local Authority in default of owners	nil

(b) *Proceedings under Public Health Acts :—*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	7
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	7
(b) By Local Authority in default of owners	nil

(c) *Proceedings under sections 11 and 13 of the Housing Act, 1936 :—*

(1) Number of dwelling-houses in respect of which Demolition Orders were made	nil
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

(d) *Proceedings under section 12 of the Housing Act, 1936 :—*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil

Housing Act, 1936.—Part IV.—Overcrowding .

(a) (i)	Number of dwellings overcrowded at the end of the year	... ..	55
(ii)	Number of families dwelling therein	... ..	56
(iii)	Number of persons dwelling therein	... ..	409
(b)	Number of new cases of overcrowding reported during the year	... ..	2
(c) (i)	Number of cases of overcrowding relieved during the year	... ..	12
(ii)	Number of persons concerned in such cases	...	89
(d)	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	... ..	nil

At the time of the original survey there were 66 known cases of overcrowding. Since then there have been many tenancy changes and families have increased in number. Thus, while the known cases of overcrowding now total 55, this is only an approximate figure as, in all probability, there are a number of new cases which are not known. Judging by the relatively small number of applications which has been received for “permitted numbers,” it is very probable that many landlords have not inserted the information required by the Housing Act, 1936, in the tenant’s rent books.

Inspection and Supervision of Food.

Milk Supply.

Milk production is not carried on to any great extent in the district. The average farmer or small holder keeps cows primarily for his own domestic purposes. Over two-thirds of the producers in the district have less than four cows and there are only twelve with ten or more cows.

At the beginning of the year the Council adopted a code setting out the sanitary requirements of cowsheds in the district. The number of routine inspections so far made of premises has been small, owing to the calls on the staff of other duties.

Accredited and other designated producers are licensed by the County Council. There are seven accredited producers in the district.

Meat and other Foods.

Two part time meat inspectors are employed by the Council. The sanitary inspectors also visit shops, slaughterhouses and stalls where necessary.

Statistics.

Number of Licensed Slaughter-houses in the area	18
Number of Licensed Slaughtermen	46
Number of visits paid to premises :	
Slaughter-houses	2114
Shops, Stalls, etc.	700

Meat seized and destroyed.

10 whole Pig carcasses affected with tuberculosis were seized and destroyed, as also 11 whole Pig carcasses affected with other conditions. One carcase of Beef was seized on account of tuberculosis and 26 parts of carcasses affected with other conditions.

Approximately 8.000 carcasses were inspected in all.

Adulteration, etc.

No action has been taken under the Food & Drugs (Adulteration) Act, 1928, the Artificial Cream Act, 1928, the Public Health (Condensed Milk) Regulations, 1923 and 1927, the Public Health (Dried Milk) Regulations, 1923 and 1927, and the Public Health (Preservatives, &c., in Food) Regulations, 1925 to 1927.

The work of taking samples under the Food & Drugs Acts is carried out by the Police.

For the following report I am indebted to Superintendent Dawson :

Samples of the following were taken in East Elloe during 1937

New Milk	...	...	40
Gin	...	...	2
Yeast	...	...	1
Preserved Peas	...	...	2
Tinned Gooseberries	...	...	2
Oatmeal	...	...	1
Butter	...	...	1
Tincture of Iodine	..	...	1
Rum	...	...	1
Tinned Plums	...	...	1
Margarine	...	...	1
Vinegar	...	..	1
Tinned Raspberries	...	...	1
Pepper	...	..	2
Lard	...	...	1
Sugar	...	...	1
Tinned Pears	...	..	1
Glauber Salts	...	...	1
Tartaric Acid	...	...	1
Arrowroot	...	...	1
Sausages	...	...	1
Lard	...	...	1
Mustard	...	...	1
Bread	...	...	1
Soda Bicarbonate	...	1	Total ... 68

Nutrition.

No publicity work has been undertaken by the East Elloe R.D.C. with regard to instruction of the public in respect of nutrition. A certain amount of voluntary lecturing on food, etc. to various Institutes and Organisations has been undertaken by members of the staff.

Shell Fish (Molluscan)

There are quite extensive mussel lays in the Wash, but very little comes directly into East Elloe. The majority enters Boston or King's Lynn. It is estimated that approximately 22,000 cwts. enter the Port of Boston and about 18,000 cwts. at the Port of King's Lynn. A very small quantity, about 15 cwts., enters at Fosdyke and possibly about 5 cwts. at Sutton Bridge. This is the only Port within the Council's area and is under the Port of Wisbech Authority.

Certain difficulties have arisen in the past over the disposition of certain layings which apparently do not come within the jurisdiction of any particular authority, and steps are to be taken to clarify the position and to investigate the possibility of purification stations at Boston and King's Lynn. A small station already exists at King's Lynn.

Shell-fish taken from the Wash are sent to all the principal towns in the Country.

Prevalence of, and Control over, Infectious and other Diseases.

A case of diphtheria occurred at Sutton Bridge on the 23rd August, 1937, and within the next few days six more cases were notified. The method adopted to deal with the outbreak consisted of:—

- (i) Immediate isolation in Hospital of all cases.
- (ii) Administration of antitoxin to all other children in the affected families to confer immunity during the anticipated period of risk.
- (iii) Immunisation of all school children in Sutton Bridge together with children and adults where willing.
- (iv) Prolongation of the school holidays over the normal period to avoid spread of the disease.

Two methods of immunisation are possible in a campaign against diphtheria. Administration of antitoxin confers immediate protection, but the immunity is lost after a few weeks. It is, therefore, not widely practised but is only used in special circum-

stances to protect children within an affected household. In this outbreak, the special circumstances of diphtheria occurring in what is probably a very susceptible community were considered to justify the method in spite of certain disadvantages attached to it.

The second method does not give protection until after a lapse of several weeks. If large numbers of people in a community are protected in this way at the onset of an epidemic it does not mean that they will not develop diphtheria, because of the time taken to establish immunity, but it does lead eventually to the abatement of an epidemic which otherwise might drag on indefinitely. The real time for diphtheria immunisation is, of course, before and not after an outbreak has occurred. In the outbreak under review a combination of these two methods was used as outlined above. By virtue of an arrangement made previously with the Holland County Council the second method of immunisation described was carried out by the County Council Medical Staff, and East Elloe Council paid for the cost of material. This arrangement, is, of course, of inestimable benefit to the Council since, otherwise, it has not the staff or equipment to deal with the large numbers of people involved. In all 465 persons were immunised in this way. The administration of antitoxin was done by the local practitioners.

There is cause for a great deal of satisfaction upon the excellent co-operation shown by the County Council and general practitioners, which turned, what might have been a widespread epidemic into a localised outbreak.

Seven cases of enteric fever were notified, six of which were confirmed by bacteriological tests. Of these six cases, one occurred as a single case in a household, two were in a second house and three in a third. There was no evidence of any connection between the different houses involved, each being affected at a different period of the year. In no case was it possible to confirm the source of infection in spite of the most scrupulous investigation.

Number of cases of Infectious Disease.

Excluding tuberculosis, 45 cases of infectious disease were notified.

The incidence of the various infections is shown in the following table:—

Disease	Total Cases Notified	Cases admitted to Isolation Hospital	Total Deaths
Smallpox	nil	nil	nil
Scarlet Fever	9	7	nil
Diphtheria	12	12	1
Enteric Fever (including paratyphoid	7	6	1
Puerperal Causes	nil	nil	nil
Pneumonia	10	nil	11
Erysipelas	5	1	nil
Ophthalmia Neonatorum	2	nil	nil
Measles	Non- Notifiable	3	2
Rubella		1	nil
Chicken Pox		1	nil
Whooping Cough			2
Cases admitted to hospital in which diagnosis of in- fectious disease not con- firmed subsequently		4	nil
Total ...	45	35	17

Analysis of Total Notified Cases under the following
Age Groups :

Disease.	Age Group (Years).										
	-1	1-	2-	3-	4-	5-	10-	20-	35-	45-	65-
Scarlet Fever	—	—	—	1	—	3	3	2	—	—	—
Diphtheria	—	1	—	—	—	6	4	1	—	—	—
Enteric Fever	—	—	—	—	—	—	2	3	1	—	1
Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	1	—	3	—	1	2	2	1
Erysipelas	—	—	—	—	—	—	1	2	2	—	—
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—
Total	2	1	—	2	—	12	10	9	5	2	2

Tuberculosis.

No action was taken by the Council under the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade, or under Section 62 of the Public Health Act, 1925, or Section 172 of the Public Health Act, 1936, relating to the compulsory removal to hospital of persons suffering from tuberculosis.

Particulars of new cases notified in the district during the year and of deaths from the disease are given in the accompanying table. The total number of new cases notified was 25 which compares with 23 for 1936.

There were 12 deaths compared with 13 for the previous year. Only one case of tuberculosis died without prior notification and no action was necessary beyond an informal communication to the practitioner concerned. The system of notification of tuberculosis and of other infectious diseases is carried out satisfactorily by all concerned.

**Table of New Cases of Tuberculosis and of Deaths
from the Disease.**

Age periods in years	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	—	—	1	—	—	—	—	—
1-	—	1	—	—	—	—	—	—
5-	2	—	—	1	—	—	—	—
15-	3	2	—	1	3	1	1	—
25-	3	2	1	—	2	2	—	—
35-	1	1	—	2	1	1	—	—
45-	—	—	1	—	1	—	—	—
55-	2	—	—	—	—	—	—	—
65 and upwards	—	1	—	—	—	—	—	—
Totals	11	7	3	4	7	4	1	Nil

Prevention of Blindness.

No action was taken by the Council under Section 66 of the Public Health Act, 1925, or under Section 176 of the Public Health Act, 1936, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

